

Name			
Last	First	Middle	Social Security No.
Residence Address			()
Number and Street			Home Phone
			()
City and State		Zip Code	Business/Message Phone

JOB TITLE
I am applying for: 

If you feel you have the need for special testing/selection arrangements due to a Qualifying disability, please call (559) 488-3364 or TDD #(559) 262-4833.

Extra Help - Would you accept extra-help (temporary) employment? Yes ☐ No ☐

Previous Name(s) - Have you ever worked under or been known by another name? If YES, give name(s) and dates used. This information is used in references checking and record keeping. Yes ☐ No ☐

Relatives with the County - Are you related by blood or marriage to any person(s) presently employed with the County? If YES, give name of relative, relationship and County department (County Charter prohibits certain employments to relatives). Yes ☐ No ☐

Fresno County Employment - Are you now or have you ever been employed By the County? If YES, give position, department and dates of employment. Yes ☐ No ☐

Convictions and Penalties - Have you ever been convicted of a felony? If YES, give date(s), location(s) and penalties (convictions are evaluated for each position, and are not necessarily disqualifying). Yes ☐ No ☐

Employment Dismissals - Have you ever been discharged from any employment or forced to resign? If YES, give details. Yes ☐ No ☐

Veteran's Credits - Do you qualify for credits based on U.S. military service? Yes ☐ No ☐

For Credits: Submit with this application proof of honorable war-time service, DD214. Proof must be submitted prior to the job final filing date. Copies of documents submitted will not be returned. Credits granted only once -- upon initial County employment.

EMPLOYMENT APPLICATION		Office Use Only
 <p>14th FLOOR, FRESNO COUNTY PLAZA 2220 TULARE ST., FRESNO, CA 93721 (559) 488-3364 TDD # (559) 262-4833</p>		Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
		Subject to: <input type="checkbox"/> Ed. <input type="checkbox"/> Exp. <input type="checkbox"/> Lic./Cert Other
		Date _____ By _____
		Notices
		Rej./Acc. _____
		RE-eval. _____

Education - All applicants complete this section.
Grade or High School - Check one box.
☐ Graduated from High School.
☐ Did not graduate, have _____ years of school.
☐ Did not graduate but passed a GED (General Education Development) test.

Name of High School	Location			
Colleges - Universities - Schools - After High School - Check box(es) (Verification of college/university accreditation as well as transcripts and/or diploma may be required.) <input type="checkbox"/> Have vocational school degree <input type="checkbox"/> Have two-year accredited academic college degree <input type="checkbox"/> Do not have degree but _____ years from an accredited college/university <input type="checkbox"/> Have four-year accredited college/university degree <input type="checkbox"/> Have Master's degree or Ph.D. from an accredited college/university				
Give complete info. for each college, university or school after high school.				
School Name	Major	Did You Graduate	Total Units	Type of Degree Rec'd

Special Requirements - Fill in this section only if license(s) etc., or specific school courses are required for this job. (Proof of current valid license/certificate, etc. is required.)
License - Certificate - Registration - Show title, date expires, serial number, and which state and/or agency issued it (this includes driver's license).
Required School Courses - If college/university show units.
Language - What language(s) do you speak and understand other than English?

ALL APPLICANTS FILL OUT OTHER SIDE OF THIS FORM

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION/DISABLED EMPLOYER

PLEASE READ
CAREFULLY

1. A **resume is not acceptable** in place of completing the following. Unless the spaces are4. Use a separate block for each Job Title (even those with same employer). completed in accordance with the instructions, this application may be rejected.
2. Show **all employment** during the past 15 years.
3. Show your **present or most recent** job first.
5. Remember your acceptance depends on the completeness and accuracy of the information that is provided on this application.

IMPORTANT: Check [✓] boxes if employment gave you **specific** experience to meet requirements for Job Title on front of this application.

<input type="checkbox"/>	Present or Most Recent Job A From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:
<input type="checkbox"/>	Before "A" Above B From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:
<input type="checkbox"/>	Before "B" Above C From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:
<input type="checkbox"/>	Before "C" Above D From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:
<input type="checkbox"/>	Before "D" Above E From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:
<input type="checkbox"/>	Before "E" Above F From Month/Day/Yr.	To Month/Day/Yr.	Job Title: Describe your duties fully:	# of Hrs. Worked Weekly:	Last Monthly Salary:	Organization, Location: Name and title of supervisor: Reason for leaving:

NOTE: We are unable to provide photocopies of submitted applications, resumes and other materials.

READ THIS STATEMENT BEFORE SIGNING:

Information provided on this application may be verified, including but not limited to, contacting former employers.

My signature certifies that all of the information on this application is true, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment by Fresno County.

SIGN
HERE

Date

IMPORTANT NOTICE
REGARDING EMPLOYMENT

Employment with the County of Fresno does not occur until the Department Head and the County Administrative Officer sign and file a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Until formal appointment is made in this manner, any offers of County employment are conditional and preliminary and may be withdrawn. At time of hire, county employees must meet documentation requirements of the Federal Immigration Reform and Control Act of 1986.

DATE STAMP

JOB TITLE - I am applying for: _____

Requested in accord with county policy, state and federal requirements - this information is voluntary and will NOT be retained with your application, but handled separately and confidentially for statistical purposes.

Please check applicable boxes:

- ☐ White: (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Black: (not Hispanic) All persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- ☐ Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example India, China, Japan, Korea, Philippine Islands, and Samoa).
- ☐ South East Asian: (Hmong, Khmer (Cambodian), Lao, Thai, Vietnamese, Mien)
- ☐ American Indian or Alaska Native: All persons having origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliation or community recognition.
- ☐ Male ☐ Female ☐ Under 40 ☐ 40 or over